

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8412

STATE FILE NUMBER

63-033525

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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240062

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USE BLACK INK
OR
TYPEWRITER RIBBON

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED AUG 29 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Louis

Length of stay in 1b
20 years

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION St. Louis Hospital (State)

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis

c. CITY OR TOWN University City

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
7486 Kingsbury

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First
Claire

Middle

Last
Collins

4. DATE OF DEATH

Month
August

Day
17

Year
1963

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☐ Never Married ☒
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
8/13/1906

9. AGE (last birthday)
57

IF UNDER 1 YEAR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Bell Telephone Co

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)
St. Louis, Mo

12. CITIZEN OF WHAT COUNTRY
U. S. A.

13a. FATHER'S NAME

John J. Collins

13b. MOTHER'S MAIDEN NAME

Annie Flynn

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

17. INFORMANT

Address

Mrs. Esther Kenefick 7486 Kingsbury

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE

Conditions, if any, which gave rise to above cause (e), stating the underlying cause last.

Coronary thrombosis; Cirrhosis of the liver;
Fracture of left and right wrists; suffered in falls at
St. Louis State Hospital on August 4-5, 1963.

INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Accident 904-7-45

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☒ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE
☒ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I, or PART II of item 18.)
See above

20c. TIME OF INJURY
Hour
Month, Day, Year
8-4-1963

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Hospital

20f. CITY, TOWN, OR LOCATION
St Louis, Mo

COUNTY
STATE

21. I attended the deceased from

to

and last saw him alive on

Death occurred at

11:00 P.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Welan L Taylor, Coroner

22b. ADDRESS

1300 Clark Ave.

22c. DATE SIGNED

8-19-63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
8/20/63

23c. NAME OF CEMETERY OR CREMATORY
Calvary Cemetery

23d. LOCATION (City, town, or county)
St. Louis, Mo

24. FUNERAL DIRECTOR

ADDRESS
Arthur J. Donnelly 3840 Lindell Blvd

25. DATE RECD. BY LOCAL REG.
AUG 19 1963

REGISTRAR'S SIGNATURE
Earl Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Licensed Embalmer No. 4699

P. O. Address 3840 Lindell

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.